



Australian Shepherds Forever

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Australianshepherdsforever@gmail.com

Adoption Application

Applicants must be 21 years of age or older to adopt. ASF does not adopt outside of the Continental United States. Asterisk (*) denotes required field.

Full name*:

Birthdate*:

Street Address*:

City*: State*: Zip Code*:

Phone Number*:

Email*:

Employment Status*:
(full-time, part-time, student, retired, other)

Name of Employer:

How did you hear about ASF?

Your Pet Preferences

Are you interested in a rescue currently with ASF? Yes No

If so, what is the pet's name and location (city or state, if known)?

Do you have a second choice?

Please check all your basic and preferred pet criteria. If you do not have any preferences, please leave blank.

- Age: Puppy (under one year) Adult dog Senior dog
- Gender: Male Female
- Coat: Red Bi Black Bi Double Merle
 Red Merle Blue Merle Black and Tan
 Red Tricolor Black Tricolor

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Adopt. Save. Foster.

Why do you want to adopt an Aussie? Are you familiar with the breed and what will the dog be “for” (ie. Companion, Agility/athletics, Protection/guard Dog, Working/herding, Service/therapy, etc.)?

Your Pet History and Experience

Have you ever owned an Australian Shepherd? * Yes No

Do you have any Aussies/dogs now? * Yes No

If yes, how many Aussies/dogs do you care for? 1 2 3 or more

What current pets do you have, and what are their types, breeds, and ages?

Are your pets up to date on vaccinations?* Yes No

Have you ever turned in an animal to a shelter?* Yes No

If yes, what were the circumstances?

Have you ever been accused or convicted of animal cruelty or neglect? * Yes No

If yes, what were the circumstances?

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Your Home

Who else lives in your home and what are their ages and relation to you?

Does everyone in your home consent to adopting?* Yes No

How many hours a day will the dog be home alone on a typical day?

Will the dog primarily live inside or outside of your home?* Inside Outside

Do you have an enclosed yard?* Yes No

If yes, please describe your fence/wall and its height in feet.

Emergency Contact Information

Full Name:

Relation to You:

Street Address*:

City*: State*: Zip Code*:

Phone Number*:

Email*:

Veterinarian's Contact Information

Full Name:

Phone Number:

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Reference Information

Please provide the names and phone numbers of three references (non-family members)*:

1. Full Name:
Phone Number:

2. Full Name:
Phone Number:

3. Full Name:
Phone Number:

Please make note of any questions, concerns or other relevant information:

As part of the application process, I give my consent to a background check to be performed after the submission of this application, as well as home check, when necessary. I understand if my application is approved any false statements, omissions, or other misrepresentations may result in my not being able to adopt a dog from ASF. I also understand my first or second choice of ASF rescue may not be available or approved as a suitable match. Any approved adoption will be in the best interest of all parties to ensure the rescue and their new family are well matched. By signing my name below, I vow all of the information provided is accurate and true to the furthest extent of my knowledge.*

Signature

Date

Note: After submission, please notify your references and veterinarian to let them know we will be contacting them regarding your application.

ASF policy is to provide equal opportunities without regard to race, color, religion, national origin, gender, sexual preference, age, or disability.